The artist behind *Gray's Anatomy*, p 688

Over the counter medicines, p 694



UKCAT among the pigeons, p 691



A medical classic by Nikolai Pirogov, p 725

## EDITORIALS

### 677 Renal complications of childhood type 1 diabetes

Are correlated with glycated haemoglobin, so tight control is needed from the start, say Jean-Claude Carel and Claire Levy-Marchal  
» [Research p 697](#)

### 678 Treatment of brucellosis

Regimens containing aminoglycosides are most effective but difficult to implement in practice, says Georgios Pappas  
» [Research p 701](#)

### 679 African sleeping sickness

Eflornithine should be the drug of choice for stage 2 disease, but resistance must be monitored, say Francesco Checchi and Michael P Barrett  
» [Research p 705](#)

### 681 New treatments for kidney cancer

New treatments offer hope, but await regulatory approval in the UK, say Jonathan Waxman, Laura Kenny, and Sarah Ngan

### 682 Health of the working age population

New report recommends integration of occupational health into mainstream health care, explains David Snashall

## LETTERS

### 683 Evaluating diagnostic tests; Very tight glucose control; Refused asylum seekers

### 684 Cabin fever

## NEWS

### 685 GMC: Put patients' needs ahead of your beliefs English trusts will be allowed to advertise their services

### 686 Drug industry anxious about scrapping price regulation scheme Older, rural, and single handed GPs have highest earnings

### 687 Robotic prostatectomy transmitted live to engineers Agency rejects research on food additives

### 688 Compulsion replaces persuasion in open access Exhibition hopes to give *Gray's Anatomy* artist his proper recognition

## SHORT CUTS

### 690 What's new in the other general journals

## FEATURE

### 691 UKCAT among the pigeons

The Medical Schools Council will be called on to abolish its controversial admissions test at the BMA Medical Students Conference next week. Jane Cassidy investigates

## OBSERVATIONS

### BORDER CROSSING

### 693 Purely medicinal?

Tessa Richards

## ANALYSIS

### 694 Over the counter medicines: proceed with caution

Robin Ferner and Keith Beard caution that the risks of increasing people's access to over-the-counter medicines may outweigh the benefits

## RESEARCH, CLINICAL REVIEW, AND PRACTICE

See next page

## VIEWS AND REVIEWS

### PERSONAL VIEW

### 722 Why promote the findings of single research studies?

Paul Wilson, Mark Petticrew

### REVIEW OF THE WEEK

### 723 In Defence of Food

Benjamin Caballero

### COLUMNISTS

### 724 Computer says yes

Des Spence

### Avatars

Mary E Black

### 725 Modern love

Theodore Dalrymple

### MEDICAL CLASSICS

### 725 Ice Anatomy

Boleslav Lichterman

## OBITUARIES

### 726 Felix Spector; Ian Gordon Conn; Terence Gould; Herbert Hugh John; Ivan David Alexander Johnston; Konrad Sigmund Rodan; James Valentine

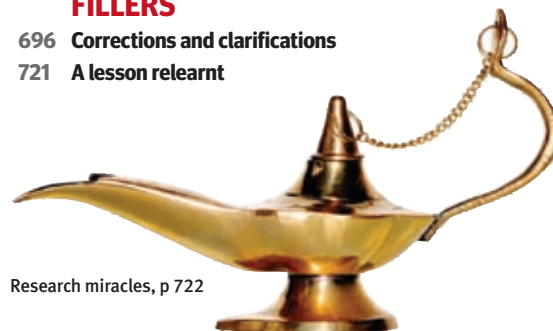
## MINERVA

### 728 Why doctors are such bad patients, and other stories

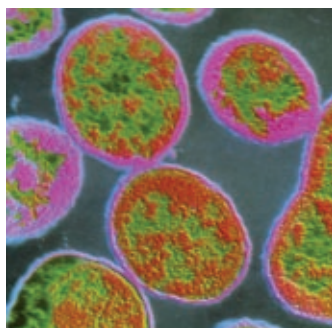
## FILLERS

### 696 Corrections and clarifications

### 721 A lesson learnt



Research miracles, p 722



Treatment of human brucellosis, p 701

Eflornithine for *Trypanosoma brucei gambiense* sleeping sickness, p 705

Clinical review: Gynaecomastia and breast cancer in men, p 709



Managing diabetes from preconception to the postnatal period, p 714

## RESEARCH

### 697 Risk of microalbuminuria and progression to macroalbuminuria in a cohort with childhood onset type 1 diabetes: prospective observational study

The only modifiable predictors of nephropathy (macroalbuminuria) in this 10 year study were higher HbA<sub>1c</sub> levels and both persistent and intermittent microalbuminuria

Rakesh Amin, Barry Widmer, A Toby Prevost, Phillip Schwarze, Jason Cooper, Julie Edge, Loredana Marcovecchio, Andrew Neil, R Neil Dalton, David B Dunger

» Editorial p 677

### 701 Treatment of human brucellosis: systematic review and meta-analysis of randomised controlled trials

The best regimen is doxycycline-aminoglycoside-rifampicin, with the aminoglycoside administered for the first seven to 14 days and doxycycline-rifampicin continued for six to eight week

Keren Skalsky, Dafna Yahav, Jihad Bishara, Silvio Pitlik, Leonard Leibovici, Mical Paul

» Editorial p 678

### 705 Safety and effectiveness of first line eflornithine for *Trypanosoma brucei gambiense* sleeping sickness in Sudan: cohort study

Eflornithine shows acceptable safety and effectiveness as first line treatment for human African trypanosomiasis.

Gerardo Priotto, Loretzu Pinoges, Isaac Badi Fursa, Barbara Burke, Nathalie Nicolay, Guillaume Grillet, Cathy Hewison, Manica Balasegaram

» Editorial p 679

## CLINICAL REVIEW

### 709 Gynaecomastia and breast cancer in men

Catherine B Niewoehner, Anna E Schorer

## PRACTICE

### 714 Guidelines: Management of diabetes from preconception to the postnatal period: summary of NICE guidance

This is one of a series of *BMJ* summaries of new guidelines, which are based on the best available evidence; they will highlight important recommendations for clinical practice, especially where uncertainty or controversy exists

The Guideline Development Group

### 717 Commentary: Controversies in management of diabetes from preconception to the postnatal period

Lucy C Chappell, Sarah J Germain

### 718 Teaching rounds: Role modelling—making the most of a powerful teaching strategy

Teachers need to be aware of the conscious and unconscious components of learning from role modelling, so that the net effect of the process is positive

Sylvia R Cruess, Richard L Cruess, Yvonne Steinert

## RESEARCH PUBLISHED AHEAD OF PRINT

### Continuous deep sedation for patients nearing death in the Netherlands: descriptive study

*BMJ*, doi:10.1136/bmj.39504.531505.25

Judith Rietjens, Johannes van Delden, Bregje Onwuteaka-Philipsen, Hilde Buiting, Paul van der Maas, Agnes van der Heide

### Use of bisphosphonates among women and risk of atrial fibrillation and flutter: population based case-control study

*BMJ*, doi:10.1136/bmj.39507.551644.BE

Henrik Toft Sørensen, Steffen Christensen, Frank Mehnert, Lars Pedersen, Roland D Chapurlat, Steven R Cummings, John A Baron

## HOLD THE BACK PAGE!

As you may have noticed, we recently combined the *BMJ* and *BMJ Careers* within one set of covers. This has presented some practical problems, one being the splitting up of the obituary pages. We intend to move the obituaries further forward so the short and long obituaries are together again and, by doing this, we will gain a page for editorial content at the back of *Minerva*.

We have now finalised the format for this page, which we have called Endgames. There will be a regular statistics question, case report, clinical and picture quiz, along with a question of the week from OnExamination to test your knowledge. If you would like to submit questions for this page please refer to our advice for authors on *bmj.com* (<http://resources.bmj.com/bmj/authors/types-of-article>) or contact Amy Davis ([adavis@bmj.com](mailto:adavis@bmj.com)).





## The Editor, BMJ

BMA House, Tavistock Square,  
London WC1H 9JR

Email: editor@bmj.com

Tel: +44 (0)20 7387 4499

Fax: +44 (0)20 7383 6418

## BMA MEMBERS' INQUIRIES

Email: membership@bma.org.uk

Tel: +44 (0)20 7383 6642

## BMJ CAREERS ADVERTISING

Email: sales@bmjcareers.com

Tel: +44 (0)20 7383 6531

## DISPLAY ADVERTISING

Email: sales@bmjgroup.com

Tel: +44 (0)20 7383 6350

## REPRINTS

UK/Rest of world

Email: ngurneyrandall@bmjgroup.com

Tel: +44 (0)20 8445 5825

USA

Email: mfogler@medicalreprints.com

Tel: +1 (856) 489 4446

## SUBSCRIPTIONS

BMA Members

Email: membership@bma.org.uk

Tel: +44 (0)20 7383 6642

Non-BMA Members

Email: subscriptions@bmjgroup.com

Tel: +44 (0)20 7383 6270

## OTHER RESOURCES

For all other contacts:

resources.bmj.com/bmj/contact-us

For advice to authors:

resources.bmj.com/bmj/authors

To submit an article:

submit.bmj.com

The BMJ is published by BMJ Publishing Group Ltd, a wholly owned subsidiary of the British Medical Association.

The BMA grants editorial freedom to the Editor of the BMJ. The views expressed in the journal are those of the authors and may not necessarily comply with BMA policy. The BMJ follows guidelines on editorial independence produced by the World Association of Medical Editors ([www.wame.org/wamestmt.htm#independence](http://www.wame.org/wamestmt.htm#independence)) and the code on good publication practice produced by the Committee on Publication Ethics ([www.publicationethics.org.uk/guidelines/](http://www.publicationethics.org.uk/guidelines/)).

The BMJ is intended for medical professionals and is provided without warranty, express or implied. Statements in the journal are the responsibility of their authors and advertisers and not authors' institutions, the BMJ Publishing Group, or the BMA unless otherwise specified or determined by law. Acceptance of advertising does not imply endorsement.

To the fullest extent permitted by law, the BMJ Publishing Group shall not be liable for any loss, injury, or damage resulting from the use of the BMJ or any information in it whether based on contract, tort, or otherwise. Readers are advised to verify any information they choose to rely on.

©BMJ Publishing Group Ltd 2008

All Rights Reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any other means, electronic, mechanical, photocopying, recording, or otherwise, without prior permission, in writing, of the BMJ

Published weekly. US periodicals class postage paid at Rahway, NJ. Postmaster: send address changes to BMJ, c/o Mercury Airfreight International Ltd Inc, 365 Blair Road, Avenel, NJ 07001, USA. \$796. Weekly  
Printed by Precision Colour Printing Limited

Proverbs XXIX 18

Gouache, airbrush, brushes and raised and burnished gold leaf on Winsor &amp; Newton 72 lb pastel paper



1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31  
T W T F S S M T W T F S S M T W T F S S M T W T  
JULY

## Notable dates

1st: EPrints went open source and affiliated with GNU (2002)  
1st: Public Knowledge launched its Open Access Project (2003)  
1st: Hamburg University Press publications all become Open Access (2007)  
2nd: Bromley Principles on access to global change data enunciated by Allen Bromley (1991)  
4th: SPARC Open Access Forum (SOAF) launched, moderated by Peter Suber (2003)  
6th: BioMed Central reported that the milestone of 100,000 accesses for a single article has been bypassed for the first time (2007)  
8th: Twenty six Nobel Laureates sent an open letter to Congress calling for an Open Access mandate at the NIH (2007)  
19th: BioMed Central published its first free online article (2000)  
19th: The US House of Representatives approved the appropriations bill creating a mandate for Open Access at the NIH (2007)  
20th: UK House of Commons Select Committee on Science & Technology issued a report on journal prices and open access, recommending actions (2004)  
21st: The University of Zurich adopted an open access mandate (2008)

## PICTURE OF THE WEEK

A page from a calendar produced by Alma Swan to promote the open access publishing model. Harvard University's faculty of arts and sciences and the US National Institutes of Health recently changed their policies to require that published work they have supported is placed in a public repository. See News p 688.

## THE WEEK IN NUMBERS

**13.9%** Cumulative prevalence of progression from microalbuminuria to macroalbuminuria in a cohort with child onset type 1 diabetes (Research p 697)

**£26 000** Extra annual earnings for GPs who work alone compared with GPs who have six or more partners (News p 686)

**1%** Cases of male breast enlargement in which cancer is diagnosed (Clinical Review p 709)

**600** Doctors who have signed a petition demanding medical justice for undocumented migrants (Letter p 683)

**£75** Cost of taking UKCAT, the UK clinical aptitude test (Feature p 691)



## THE WEEK IN QUOTES

**"Quinolones are inferior to other drugs [for treating human brucellosis]"** (Research p 701)

**"Why does the UK remain so far from 'a pregnancy outcome for women with diabetes that equates with that of women without diabetes?'"** (Practice p 717)

**"If your hand causes you to sin, cut it off"** (Obituary p 726)

**"Endorsements [of English NHS trusts] from celebrities will be allowed if they are not paid to give them"** (News p 685)

**"The latest breakthroughs, miracle cures, and wonder drugs are based on single studies"** (Personal View p 722)



## EDITOR'S CHOICE

## Of medicine and medicines



FOTOLIA

**Observations, p 693**  
**Analysis, p 694**

This week's journal captures modern medicine's ambivalence about modern medicines. On one hand, we look to new drugs to deliver us from illness and disease. On the other, we view the companies who deliver them with suspicion or disdain.

The journal has articles to buttress both viewpoints. Firstly, drugs as salvation. According to WHO, African trypanosomiasis (sleeping sickness) affects 50 000-70 000 people, with only two drugs available for treating the late stage of the disease. One of them, eflornithine, had a chequered production history until Aventis agreed to resume production in 2001 as part of an extraordinarily generous package to help reduce the incidence of the disease. In a large study, Priotta and colleagues (p 705) report that eflornithine shows acceptable safety and effectiveness, and an editorial (p 679) recommends it as the first choice in stage 2 disease.

Brucellosis is another infectious disease that exacts a high toll on its sufferers and whose optimal treatment has been debated. A systematic review recommends dual or triple therapy including an aminoglycoside (p 701). In his accompanying editorial (p 678) Georgios Pappas looks forward to the results of large clinical trials that are currently underway.

In another editorial, Jonathan Waxman discusses a new class of drugs for treating renal cancer: multitargeting kinase inhibitors (p 681). In randomised controlled trials they have increased median overall and progression-free survival by a few months (only). Waxman believes that the UK shouldn't have to wait two more years for NICE to approve their use.

Which brings us to the criticisms of drug companies for their sometimes sharp practices over drug licensing and advertising. Robin Ferner and Keith Beard look at the risks and benefits of shifting drugs from prescription only status to over the counter availability (p 694). One incentive for drug companies

to seek reclassification is that, unlike prescription only drugs, over the counter drugs can be advertised directly to consumers, which drives up sales.

The ground may be moving there, at least in the European Union. A proposal to allow direct to consumer advertising of prescription only drugs was "soundly rejected by the European Parliament in 2002," says Tessa Richards (p 693), but it has bounced back in another guise. Manufacturers want the right to provide information about their prescription drugs directly to the public, using TV, radio, and print to do so. A raft of organisations is trying to convince the European Commission otherwise.

The UK's drug companies are not happy at present, as Andrew Cole reports (News p 686). They expect to cut staff, production, and research and development—largely because the government is scrapping its 50 year old pharmaceutical price regulation scheme. This set the cost of prescription drugs as well as the national standard for non-transparency of government negotiations (defence deals always excepted).

The director general of the Association of the British Pharmaceutical Industry says that the government should watch it: "If the UK falters there are many other countries that are ready to take up the challenge." As a negotiating tactic, this is reminiscent of the response of Glaxo-Wellcome's chief executive to NICE's rejection of its flu drug, Relenza: he threatened to move some of his company's activities out of Britain.

It's easy to recognise the mutual dependency that binds patients, governments, and drug companies together—but much harder to agree how each party should behave.

**Tony Delamothe, deputy editor, BMJ**  
**[tdelamothe@bmj.com](mailto:tdelamothe@bmj.com)**

To receive Editor's choice by email each week, visit [bmj.com/cgi/customalert](http://bmj.com/cgi/customalert)

## WHAT'S NEW AT THE BMJ GROUP

**Last chance to register BMJ Masterclass for GPs: General Update (Programme 1)**

Friday 4 April 2008, Newcastle. Register now [masterclasses.bmj.com](http://masterclasses.bmj.com)

**Register for personalised job alerts**

Receive daily or weekly lists of vacancies [careers.bmj.com](http://careers.bmj.com)

**Lifelong CPD from BMJ Learning**

Free access for BMA members

Register online using your BMA membership number [learning.bmj.com](http://learning.bmj.com)

**International Forum on Quality and Safety in Health Care**

23-25 April, Paris, France

Register a group of three or more and save over £70 per person  
[internationalforum.bmj.com/](http://internationalforum.bmj.com/)

**Register with BMJ Group** Receive the latest information and updates  
[group.bmj.com/registration](http://group.bmj.com/registration)



Career Focus, jobs, and courses appear after p 726

Articles appearing in this print journal are likely to have been shortened.

To see the full version of articles go to [bmj.com](http://bmj.com). [bmj.com](http://bmj.com) also contains material that is supplementary to articles: this will be indicated in the text (references will be given as w1, w2, etc) of the article and be labelled as extra on [bmj.com](http://bmj.com).